ATTESTATION FORM

(THE CANDIDATE SHOULD PROPERLY FILL THE ATTESTATION FORM WITH HIS /HER OWN HAND WRITING)

Latest colour Passport size photograph the candidate

NAME OF THE DEPARTMENT				of the Head of the Dept.			
1. (a) Name in full (rs only) with ali our name/Sur n		se indicate if yo	ou have a	added/ dropped at	
SURNAME							
NAME							
(b) Designation of quota/compassion						x-service man	
(i) Designation							
(ii) Place of workir	ng						
iii) Direct recruitm	ent	E	x-Serviceman			Compassionate	
2. <u>Details of addres</u> House/Apartme		a.	Present			b. Permanent	
Name of Apartm	ent						
Lane Name							
Street & Road							
Village							
Mandal / Taluk							
Town / City							
District							
State							
Pin Code							
Contact Phone N	lumbers	M	obile	Landline offic (With STD Co		Landline Residence (With STD CODE)	
(c) if originally Pakistan, the ac Dominion and t migration to Inc	ddress in th the date of						

3. Particulars of places where you have resided during the <u>preceding five years</u> from the date of filling up of Attestation Form.

| Residential Address in full |

	From (Month/Year)	To (Month/Year)	(i.e., House/Apartment/ Flat Number) (Apartment/Complex/Lane/ Street/Colony and Road, Village, Mandal and District/City)		Police Station and District
1.					
2.					
3.					
4.					
5.					
4.	Father's details :				
	a) Name in full w	rith aliases, if a	ny		
	b) Profession				
	c) If in service, gir official address		and		
	d) Present postal address (if dead, give last address)			House No. Lane Name Street & Road Village/Mandal Dist	
				State PIN Code	
	e) Permanent Hou	se Address		House No. Lane Name Street & Road Village/Mandal Dist State	
5.	(i) Nationality of :			PIN Code	
	(a) Father				-
	(b) Mother				
	(c) Wife / Hu	sband			
	(ii) Place of Birth	of Wife/Hushar			

(a) Date of b	(a) Date of birth of the applicant						1 1
(b) Present A	(b) Present Age						
(c) Age at SS	(c) Age at SSC / Matriculation					e e e e e e e e e e e e e e e e e e e	
	(a) Place of birth, District and State						
(b) District belong	and State to wh	nich yo	u [``		•	
(a) Religion	(a) Religion						
Scheduled Please spe	member of School Caste Caste Caste Caste Caste Caste Caste Cass/I Qualification as since 15th as and indicate	Sched	rade A, B,	C, D & E	ation v	vith years	in schools
Course	Name of the Sch College with fr address (Village/Manda District/City	nool/ ull	Date of entering (mention month & year)	Date of leaving (mention month & year)	Passe Reg. 1 (Name group Degree	nination ed with No. etc., ne of the i.e., Inter/ /Diploma/ 3, etc)	Police Station and District
1. SSC/ Matriculation							
2. Intermediate/ Diploma							
3. Graduation/ Professional Course							
4. Post Graduation							
5. Any other qualification							2 .
of the doc	Per	been o		, give detai		Have yo	certified copie
Designation of Pe held or descripti of work	ost	To		Office, Firm Institution		removed resigned	from service / to the post ? If se give details.
		*					

11.	detained under any st Whether such convicti Appellate Court if appe (Note: If detained, convict this form, the details shou the authority to whom the which it will be deemed to	tate / central preventive do ton sustained in the Court caled against. ed, debarred etc. subsequent to ld be communicated immediate Attestation Form has bee sen	nvicted by a Court of law etention laws for any offence of Appeal or set aside by the completion and submissionely to the concerned Department tearlier, as the case may be, fail nation). If the answer is 'Yes', the full be given.
12.			ersons of your locality to who known. (persons shall not
	·	Referee-1	Referee-2
	House/Apartment/ Flat No.		
	Name of Apts./ Complex		
	Lane Name		
	Street & Road		
	Village		-
	Mandal/Taluk		
	Town/City	<u> </u>	
	District		
	State		
	Pin Code		
	L		

DECLARATION SHOULD BE SIGNED BY THE CANDIDATE

- 1. I hereby declare that the statements made in this form are true to the best of my knowledge and belief.
- 2. I am married / unmarried and have only one wife living (delete which is not applicable).
- I am fully aware that furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification and is likely to render me unfit for employment under the Government.
- 4. I am also fully aware that if it comes to notice at any time during my service that false information has been furnished or that there has been suppression of factual information in the Attestation Form, my services would be liable to be terminated solely on this ground.

Date:	Signature of the Candidate
Place:	

CERTIFICATE TO BE SIGNED BY A GAZETTED OFFICER OR MEMBER OF LEGISLATURE OR OTHER AUTHORITY AS PRESCRIBED BY THE APPOINTING AUTHORITY

ri / Smt. / Kum
er / Wife of
_months and to the best of my knowledge and belief, the
are correct.
(Signature)
Name & Designation with Seal

Photograph of the candidate attested by Gazetted Officer / MLA / other with seal Competent Authority